

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE 02 24 22 Cation of: Mohamed Bakri ASSOUMANI

109/830,763

In re application of:

Serial No.: 09/830,763

Group No.:

Filed: July 25, 2001

Examiner:

For: FOODSTUFF COMPOSITIONS

Attorney Docket No.: U-013420-7

Assistant Commissioner Patents and Trademarks

Washington, DC 20231

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## PRELIMINARY AMENDMENT

Sir:

Prior to an examination of this application on the merits, please amend the application

as follows:

ORIGINALLY FILED

IN THE CLAIMS:

Please cancel claims 1-9.

## **CERTIFICATE OF MAILING (37 CFR 1.8a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, DC 20231

CLIFFORD J. MASS

Type or print name of person mailing paper)

Date: January 4, 2002

(Signature of person mailing paper)



# Practitioner's Docket <u>U-013420-7</u>

### PATENT IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	ATEMI AND TRADEMARK OFFICE					
In re application of: Mohamed Bakri AS	SOUMANI					
Serial No.: 09/830,763	Group No.:					
Filed: July 25, 2001	Examiner:					
For: FOODSTUFF COMPOSITIONS	MECEU					
For: FOODSTUFF COMPOSITIONS  Assistant Commissioner for Patents Washington, DC 20231  AMENDMENT TRANSMITTAL						
AMENDMEN	AMENDMENT TRANSMITTAL					
1. Transmitted herewith is an amendmen	it for this application.					
STATUS						
<ul> <li>Applicant is</li> <li>a small entity. A statement:</li> <li>is attached.</li> <li>was already filed.</li> <li>other than a small entity.</li> </ul>	COPY OF PARENG ORIGINALLY FILED					
	7/TRANSMISSION (37 C.F.R. 1.8(a))					
I hereby certify that, on the date shown below, this corresponding MAILING  MAILING  deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.	FACSIMILE  transmitted by facsimile to the Patent and Trademark  Office.					
Date: January 4, 2002	Signature  CLIFFORD J. MASS  (type or print name of person certifying)					

## **EXTENSION OF TERM**

NOT	after d	nsion of Time in Patent Cases (Suppleme a Non-Final Office Action, an extension dment after expiration of the shortened si			complete response has been filed ing and/or entry of an additional	
	period ui	ly response has been filed after a Final ( a Notice of Appeal or filing and/or entry o nless the timely-filed response placed the a filed within the shortened statutory perio 35).	j un i innli	adulional amenament after exp	piration of the shortened statutory	
NOTE: See 37 CFR 1.645 for extensions of time in interference proceedings, and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.						
3.	The proapply.	The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 pply.				
(complete (a) or (b), as applicable)						
	(a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)(1)-(4)) for the total number of months checked below:					
		Extension	Fe	e for other than	Fee for	
	_	(months)		nall entity	small entity	
		one month	\$	110.00	\$ 55.00	
		two months	\$	400.00	\$ 200.00	
		three months	\$	920.00	\$ 460.00	
		four months	\$ 1	,440.00	\$ 720.00	
				Fee: \$		
If an a	addition	al extension of time is required	, ple	ease consider this a peti	tion therefor.	
		(check and complete t	he r	next item, if applicable)		
	An extension for months has already been secured. The fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.					
Extension fee due with this request \$						
OR						
	(b)	a conditional petition	bei	extension of term is req ng made to provide for the overlooked the ne	or the possibility that	

### **FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)	<b>\</b>	(Col. 2)	(Col. 3)	SMALL	ENTITY	_	THER THA	
Claims		(COI. 2)	(COI. 3)	SWIALL	LIVIII		WALL EN		
Remaining After		Highest No. Previously	Present		Addit.			Addit	
	Amendm	ent	Paid For	Extra	Rate	Fee	OR	Rate	Fee
Total	*	Minus	**	=	x \$ 9 =	\$		x \$18 =	\$
Indep.	*	Minus	***	=	x \$42 =	\$		x \$84 =	\$
[ ] Fin	rst Presenta	ation of M	Iultiple Deper	ndent Claim	+ \$140 =	=\$	·	+ \$280 =	= \$
				Γ	Cotal		OR	Total	
				A	Addit. Fee	\$		Addit. Fee	\$
* 1f	the entwri	n Cal 1 i	s less than the	anter in Co	al 2 xxmita	"O" in C	101 2		

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 CFR 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c)  $\square$  No additional fee for claims is required.

OR

### **FEE PAYMENT**

5.	Attached is a check in the sum of §
	Charge Account No. 12-0425 the sum of \$
	A duplicate of this transmittal is attached.

### FEE DEFICIENCY

*NOTE:* 

If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. 
☐ If any additional extension and/or fee is required, charge Account No. 12-0425.

#### AND/OR

☐ If any additional fee for claims is required, charge Account No. \_\_\_\_\_12-0425

SIGNATURE OF PRACTITIONER

Reg. No. 30,086

CLIFFORD J. MASS

(Type or print name of practitioner)

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New York, NY 10023

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